

USEPA  
290 BROADWAY  
NY, NY

**NOTIFICATION OF DEMOLITION AND RENOVATION**  
**PAL JOB # 16-1139**

Operator Project #	Postmark	Date Received	Notification #	
TYPE OF NOTIFICATION (O-Original, R-Received, C-Cancelled): <b>R – Add Material</b>				
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):				
OWNER NAME: Empire State Building, LLC				
Address: 350 5 <sup>th</sup> Avenue				
City: New York		State: NY	Zip: 10118	
Contact Name: Patrick Philbin		Telephone: 212-736-3100		
REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/a PAL Environmental Services				
Address: 11-02 Queens Plaza South				
City: Long Island City		State: NY	Zip: 11101	
Contact Name: Aric Domozick		Telephone: 718-349-0900		
OTHER CONTRACTOR:				
Address:				
City:		State:	Zip:	
Contact Name:		Telephone:		
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation): R				
IS ASBESTOS PRESENT? (YES NO) YES				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
Building Name:				
Address: 350 5 <sup>th</sup> Avenue				
City: New York		State: NY	Zip: 10118	
Site Location: 77 <sup>th</sup> Floor				
Building Size: 2,812,739SF		# of Floors: 85	Age in Years: 85	
Present Use: Commercial		Prior Use: Commercial		
Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material: PLM – Polarized Light Microscopy				
Approximate amount of asbestos , Including 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	R. ACM to be removed	Non-Friable Asbestos Material not to be removed		Indicate Unit of Measurement Below
		CAT I	CAT II	UNIT
Surface Area: <b>Pipe Insulation</b>	1,090 Add 460 <b>(1,550) Add 160</b>			Linear Feet: <b>X</b> Ln M:
Surface Area: Floor Tile & Mastic	10,800			Square Feet: X      Square Meter:
Volume RACM off Facility Component				CuFt:      Cu M:
Scheduled Dates Asbestos Removal (mm/dd./yy)		Start: 06/17/2016	Complete: 06/01/2017	
Scheduled Dates Demo/Renovation (mm/dd./yy)		Start:	Complete:	

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED:		
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control.		
WASTE TRANSPORTER #1		
Name: Tri State Transfer Associates		
Address: 1199 Randall Avenue		
City: Long Island City	State: NY	Zip: 10474
Contact Name: Jimmy Byrne		Telephone: 718-617-0771
WASTE TRANSPORTER #2		
Name: ATC		
Address: 2 Moriches Middle Island Road		
City: Shirley	State: NY	Zip:
Contact Name: Kenny Smith		Telephone: 631-924-5050
WASTE TRANSPORTER #3		
Name: P.A.L. Environmental Safety Corp. d/b/a PAL Environmental Services		
Location: 11-02 Queens Plaza South		
City: Long Island City	City: Long Island City	City: Long Island City
Telephone: 718-349-0900		
Disposal Facility		
Name: Minerva Enterprises		
Location: 9000 Minerva Road, SE	Location: 9000 Minerva Road, SE	
City: Waynesburg	State: OH	Zip: 44688
FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (mm/dd./yy)		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER. Any ACM, which is discovered unexpectedly, or non-friable ACM, which becomes crumbled, will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.		
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGUALTION (40 CFT PART 61, SUBPART M), WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (required 1 year after promulgation)		
_____	<b>07/08/2016</b>	
Signature of Owner/Operator	Date	
I certify that the above information is correct		
_____	<b>07/08/2016</b>	
Signature of Owner/Operator	Date	